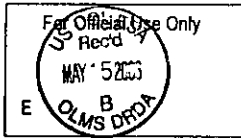


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>25564</u>	2. Fiscal Year Covered From: <u>1 / 1 / 2005</u> Through: <u>12 / 31 / 2005</u>
3. Name and address of person filing. Name <u>Kenneth M. Harris</u> P.O. Box, Bldg., Room No., if any Street <u>44 Verbank Club Rd</u> City <u>Verbank</u> State <u>New York</u> ZIP Code + 4 <u>12585</u>	4. Name, file number, and address of labor organization. Name <u>INT. UNION OF ELEVATOR CONST. LOCAL 138</u> Labor Organization File Number <u>070-111</u> P.O. Box, Building and Room Number, if any Street <u>44 Verbank Club Rd</u> City <u>Verbank</u> State <u>New York</u> ZIP Code + 4 <u>12585</u>
5. Position in labor organization. <u>Business Representative / Financial Secretary</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Kenneth Harris</u>	On <u>5/11/06</u> <u>845 677 8302</u> Date Telephone Number

LM-30 Attachment

Name: Kenneth M Harris  
LM-30 File Number: To be assigned

Ending date of report period: 12/31/05

LM-30 Item  
Number

11a Per direction of the U.S.DOL OLMS, part b includes transactions including reimbursement of valid expenses by a trust in which a labor organization is interested as though the trust was a business. The information for item 11b is not in my possession.

12a The amount in 12b includes expenses paid by the filer and reimbursed to the filer by the EIWPF and or expenses paid by the EIWPF related to the filer's attendance for business of the EIWPF.